



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Teach Mhuire
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	02 November 2022
Centre ID:	OSV-0001824
Fieldwork ID:	MON-0038341

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Teach Mhuire is a detached bungalow located on the outskirts of a town and is currently registered to provide a residential service for four residents aged 18 and over of both genders with Autism and/or intellectual disabilities. Resident bedrooms are present in the centre and other facilities include sitting rooms, a dining room, a kitchen, a recreation room and bathrooms. The statement of purpose which is the centre is currently registered against indicates that residents in the centre will be supported by the person in charge, nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

0

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 November 2022	10:00hrs to 12:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

At the time of this inspection, this designated centre was registered for a maximum capacity of four residents. However, no resident was present during this inspection with the centre having been unoccupied for over 12 months. As a result the inspector did not meet any residents nor observe any interactions between any residents and staff.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had taken action to improve the quality of the premises provided and had continued to monitor the designated centre while it was vacant. Some actions were identified relating to records and the submission of notifications and.

The Health Information and Quality Authority (HIQA) previously inspected this centre in September 2020 when only one resident was living in the centre at the time. That inspection had highlighted that the premises provided for the centre was in need of repair and further works with the provider having also identified that significant works to the premises were required before any further admissions. Since that time the centre had been vacated and the provider communicated to the chief inspector that they were looking to complete premises works within the centre during October 2022. Pending completion of the works the provider also indicated that they would look to vary the centre's registration conditions to reflect changes in the floor plans, changes in the statement of purpose and a reduction in the capacity of the centre while also changing the centre from an adults' centre to a children's centre.

Given the length of the time since the previous inspection and taking into account the communication received from the provider, HIQA decided to conduct the current inspection to assess progress with the premises works. As the centre was vacated, this inspection was announced at short notice the day before to ensure that the inspector could gain access to premises. As will be discussed elsewhere in this report, it was found that significant premises works had been carried out for the centre. Aside from the premises, the inspector also reviewed documentation relating to this centre. Under the regulations the provider must ensure that certain documentation and records are maintained for a certain period of time and made available for inspection. As this inspection was announced in advance, the inspector

provided the provider with a list of specific documents that were to be reviewed during this inspection.

In general, it was found that the majority of the requested documents were being maintained and were made available for review. These included records of medical care for former residents, the centre's statement of purpose, a residents' guide and staff rosters for all 2019. However, the inspector also requested staff files for all staff who had worked in the centre in a specific time period. While some of these staff files were made available for the inspector to review, others were not and it was suggested that these may have been archived. In addition, records of all notifications submitted for the centre in 2016, 2017 and 2018 were requested but the majority of these were not provided during this inspection and no clear indication was given as to where they might be. Aside from these past notifications, it was also highlighted during this inspection that, given that the centre had been vacant for some time, a specific notification had not been recently submitted confirming that no notifiable event had occurred in the centre for six months. Such a notification is required under the regulations.

While these were areas in need of improvement, it was found that the provider had continued to monitor this centre. Key regulatory requirements such as annual reviews and unannounced visits to the centre by a representative of the provider at six monthly intervals had been completed even when the centre was vacant. Reports of such visits were available for the inspector and it was read how they referenced the premises works for the centre. Now that the significant premises works had been conducted, a representative of the provider indicated that the provider would be preparing the necessary registration applications for submission to the Chief Inspector for consideration. It was also indicated that one resident from another of the provider's centres had been identified to potentially move into this centre but that a transition process had not yet started for this resident. Before any transition were to happen to this centre the relevant registration applications would need to be submitted and accepted by the Chief Inspector.

Regulation 19: Directory of residents

A directory of resident was in place that took account of former residents' discharge from the centre.

Judgment: Compliant

Regulation 21: Records

The majority of documents requested before this inspection were being maintained and were made available for review on this inspection. However, some staff files

were not made available and records of a number of notifications were not provided during this inspection with no clear indication given as to where these were. Specific records for recent maintenance checks on the fire alarm were not being maintained.

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider was conducting annual reviews and unannounced visits for the centre with written reports of these available. the annual reviews conducted assessed the centre against relevant national standards.

Judgment: Compliant

Regulation 31: Notification of incidents

At the time of this inspection the Chief Inspector had not received notification of any specific incident occurring in the centre in 2022. Despite this no notification had been submitted by the provider confirming that there had been no such incidents occurring in the centre for the first six months of 2022.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All of the required policies were present which had had all been reviewed within the previous three years.

Judgment: Compliant

Quality and safety

Significant premises works had been conducted in this centre since the previous HIQA inspection in September 2020. Fire safety systems were also provided with facilities for recreation also in place.

As highlighted earlier in this report, it had been previously identified that premises works were needed for this centre. In response to this the provider had carried out significant works for this centre. Previously the centre had four resident bedrooms in the centre but such bedrooms were relatively small. The works the provider had conducted for the premises involved some rooms in the centre being merged. While this did result in the number of resident bedroom reducing from four to three, it meant that the resident bedrooms were now twice the size of what they had been previously. Aside from the bedroom the premises also included a staff bedroom, bathrooms, a sitting room, a smaller sitting room that could be used to receive visitors in private, a laundry room, a dining room and a kitchen which was equipped with sufficient facilities to store food hygienically. In addition, the centre also had a brightly decorated recreation room while to the rear of the premises was an enclosed garden area with a swing and a basketball hoop.

To ensure that any potential risks to the centre as a result of fire were mitigated, the provider had also ensured that appropriate fire safety systems were present. These include a fire alarm, emergency lighting, fire extinguishers and fire containment measures. It is important that the provider has such systems serviced at regular intervals by external contractors to ensure that they are in proper working order. As part of the specific documentation requested in advance of this inspection, the inspector had requested records of the most recent fire safety maintenance checks completed as well as checks conducted in 2019. Records of all 2019 maintenance checks were provided and in order. However, during the inspection it was noted that the records available indicated that no quarterly maintenance check on the fire alarm had been conducted since January 2022. The day after the inspection the provider submitted assurance that such checks were completed but it was indicated that they had not been correctly documented.

Regulation 11: Visits

A space was available in the centre for residents to receive visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

Facilities for recreation were provided for in the centre including a recreation room and an enclosed garden with a basketball hoop and a swing.

Judgment: Compliant

Regulation 17: Premises

Significant premises works had been conducted for this centre which resulted in resident bedrooms being noticeably bigger than was previously found.

Judgment: Compliant

Regulation 18: Food and nutrition

Facilities were provided in the centre for food to be stored hygienically. These included various presses and a new fridge/freezer.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems present included a fire alarm, emergency lighting, fire extinguishers and fire containment measures.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for Teach Mhuire OSV-0001824

Inspection ID: MON-0038341

Date of inspection: 02/11/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The designated centre has been under construction and all records were removed from the premises prior to this work commencing. Some records were stored at the provider’s main offices while some were stored off site with a data storage management company including staff files. Some files/records requested related to 2016, 2017 and 2018. The files stored by the data management company could not be accessed given the short notice of the announced visit. To comply with Regulation 21 all necessary records will be maintained and made available in the designated centre. A log of documents and records held in storage will be available within the Providers main office. The specific records relating to fire checks will be maintained within the designated centre.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: To comply with Regulation 31 all incidents will be notified within the appropriate time frame including Nil returns.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	16/12/2022
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	16/12/2022
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years after the staff member has	Substantially Compliant	Yellow	16/12/2022

	ceased to be employed in the designated centre.			
Regulation 21(5)	Records kept in accordance with this section and set out in paragraphs (7), (8), (9), and (10) of Schedule 4, shall be retained for a period of not less than 7 years from the date of their making.	Substantially Compliant	Yellow	16/12/2022
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Not Compliant	Orange	30/12/2022